

ಕರ್ನಾಟಕ ಗ್ರಾಮೀಣ ಬ್ಯಾಂಕ್
Karnataka Grameena Bank | कर्नाटक ग्रामीण बैंक

HEAD OFFICE: BALLARI	Memo No	88/2025-26
HUMAN RESOURCES WING	Index No	25/2025-26
STAFF SECTION	Date	05.07.2025
SUB: SUBMISSION OF WILLINGNESS BY RETIREES / SPOUSE OF DECEASED RETIRED STAFF TO ENROLL INTO RETIREES' GMC HEALTH INSURANCE POLICY.		

Detailed guidelines regarding renewal of Group Health Insurance scheme to Retirees and spouse of deceased retired staff members of the Bank was communicated vide our Memo No. 56/2025-26 dated 21.06.2025. Last date for submission of willingness from the retirees / spouse of retired staff to join the subject policy was 30.06.2025.

The subject insurance policy is commenced from 02.07.2025 midnight.

Policy details are as below:

Insurance Company	M/s New India Assurance Co. Ltd
Insurance Broker	M/s K M Dastur Reinsurance Brokers Pvt. Ltd
Third Party Administrator (TPA)	M/s Medi Assist India TPA Ltd.
Policy Period	02.07.2025 to 01.07.2026
Policy Terms and Conditions	May refer the Bank's website under "Tenders" section "RFQ FOR GROUP MEDICLAIM (GMC) HEALTH INSURANCE POLICY FOR RETIREES / SPOUSE OF DECEASED RETIRED STAFF MEMBERS OF KARNATAKA GRAMEENA BANK".

Premium details are as below:

Sum Insured	Total Premium including GST for <u>Self Only</u> option			Total Premium including GST for <u>Self + Spouse</u> Option		
	Premium	GST	Total	Premium	GST	Total
₹ 1.00 Lakh	16,490	2,968	19,458	32,637	5,875	38,512
₹ 2.00 Lakh	17,425	3,137	20,562	34,852	6,273	41,125
₹ 3.00 Lakh	19,395	3,491	22,886	38,789	6,982	45,771
₹ 4.00 Lakh	22,230	4,001	26,231	41,976	7,556	49,532

Fresh request for enrollments from the Retirees:

Now, the Bank is receiving requests from retirees of the Bank for providing one more opportunity for submitting willingness to enroll into the subject policy.

In this regard, the insurance company has agreed to provide one more opportunity to retirees / spouse of deceased retired staff of the Bank who are not covered under the subject policy to submit willingness.

Last date for submission of willingness and deduction of premium:

Willingness submitted by any of the above option should reach us on or before **14.07.2025, 05:00 PM**. Requests received after the cutoff date and time will not be considered.

The retirees /spouse of deceased retired staff who wish to enroll in the said health insurance scheme have to submit their willingness through any of the following options:

1. Completely filled and duly signed hard copy of Annexure A & B of Memo No. 88/2025-26 dated 05.07.2025 to HR Wing (Pension Cell), Head Office - Ballari.

OR

2. Completely filled and duly signed Annexure A & B may also be forwarded through email (by scanning in PDF format only) to the email id **insurance.rtd@kgbk.in**.

(Annexures sent to any other email id or address will not be considered)

The insurance premium of only willing members will be debited from their pension drawing accounts and such members shall ensure to maintain balance required towards premium amount in their respective pension drawing accounts on **15.07.2025 during office hours (DOH)**.

Retirees/Spouse of deceased retired staff need to go through the following before sending willingness option for health insurance scheme:

1. Bank is not responsible for non-coverage of members under the scheme inter alia due to following:
 - a. Submission of incomplete Annexure-A & B.
 - b. Any discrepancies in the said Annexures.
 - c. If no clarity in the scanned copy of the Annexures.
 - d. Willingness request received after 14.07.2025, 05:00 PM.
 - e. Non-Maintenance of sufficient funds in the pension drawing account to debit the premium on 15.07.2025 (DOH).
2. Enrollment in the scheme is at own risk of the retiree/spouse of deceased retired staff. The responsibility of the Bank is only to facilitate for payment of premium to the insurance company after collecting the same from the retiree/spouse of deceased retired staff.

Staff members who are retired on or before 31.12.2024 (eKaGB) and 31.03.2025 (eKVGB) shall note that no further extension or mid-term additions are allowed into the subject insurance policy.

Mid-term inclusion on pro-rata basis:

Mid-term additions on pro-rata basis policy are allowed in the subject only on following occasions:

1	From 04.10.2025 for retirees / spouse of retired staff who are enrolled in the current eKaGB policy which is due for renewal on 04.10.2025. - Separate Memo will be issued during September - 2025 for submission of willingness.
2	From 01.01.2026 for eKaGB staff members who are retired / retiring during the calendar year 2025. - Separate Memo will be issued during December - 2025 for submission of willingness.
3	From 01.04.2026 for eKVGB staff members who are retired / retiring during the period 01.04.2025 to 31.03.2026. - Separate Memo will be issued during March - 2026 for submission of willingness. -

All other terms and conditions mentioned in Memo No. 56/2025-26 dated 21.06.2025 remain same.

The contents of this Memo shall be brought to the notice of all the retirees/spouse of deceased retired staff drawing pension from the respective branches.

SANDEEP RANJAN VERMA
GENERAL MANAGER

To: All the Branches/Offices

Annexure - A to Memo No. 88/2025-26 dated 05.07.2025
(Irrevocable mandate for joining the health insurance policy for retired staff / spouse of deceased retired staff of Karnataka Grameena Bank)

From,
Name:
Staff No:
Address _____

PINCODE: _____
Mob No: _____

To,
The General Manager,
H R Wing, Staff Section,
Karnataka Grameena Bank,
Head Office,
Sanganakal Road, Gandhinagar,
Ballari - 583103.

Dear Sir,

Sub: Irrevocable mandate for joining the health insurance policy for retired staff / spouse of deceased retired staff of Karnataka Grameena Bank.

I am happy to note that the Bank has initiated proposal of Group health Insurance policy for the retired employees and spouse of the deceased employee.

I have gone through the Memo No. 88/2025-26 dated 05.07.2025 and the terms and conditions of the policy which is available in the Bank's website and I hereby submit my willingness to join the scheme.

Further, I am aware that the enrollment in the scheme is at my own risk and responsibility and the Bank will only facilitate for remitting premium to the insurance company.

I wish to enroll in the above scheme for a sum insured of ₹. _____ and premium of ₹. _____ under _____ (Self/Self+Spouse) option.

I hereby authorize the Bank to debit renewal/fresh enrollment premium from my SB A/c. No. _____ maintained with _____ Branch.

I shall deposit/maintain required balance amount in my SB Account. I know that in case there is no sufficient balance in my SB account I will not be covered under the subject scheme.

Yours Sincerely,

Signature _____

Date:

Name _____

Place:

Annexure - B to Memo No. 88/2025-26 dated 05.07.2025

Additional Details

1	Name of the Retiree/ spouse of deceased staff	
2	Staff Number	
3	Name of the erstwhile Bank	
4	Gender	
5	Date of Birth	
6	Age (Self)	
7	Mobile Number 1. Whatsapp Number 2. Alternate Number if any	 _____ _____
8	Spouse Name	
9	Gender of spouse	
10	Date of Birth of spouse	
11	Age (Spouse)	
12	Address for Communication	
13	Email Id (Compulsory) for correspondence	

All the above fields are mandatory.

Place:

Date:

SIGNATURE

Name: _____

Staff No: _____